FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1													
	(See instructions)						Office use only						
NAME OF COMMITTEE (iii	n full)	(Check if name is changed)		nple: If typyir the lines	g, type	12F	E4M5	5					
Graves for C	ongress		ш						ш			لب	
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ADDRESS (number and	d street)	Grand, Suite 24	100									Ш	
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is changed)	Kan	sas City	ш		ш	M	9	\Box	6410	8			
CITY▲ COMMITTEE'S E-MAIL ADDRESS						STATI	_		ZIP CODE ▲				
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COMMITTEE'S WEE	B PAGE ADDRESS (U	JRL)	•		•		•			' '			
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2. DATE 0	M / D D / Y	2007											
3. FEC IDENTIFIC	ATION NUMBER		C COO	359034									
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)													
I certify that I have examined and I have exam	nined this Statement and	d to the best of my kno		d belief it is tro	ue, correct ar	nd compl	ete						
Signature of Treasure	er Electronically File	ed by Jean Paul	Bradsh	aw		Date	M	1 /	^D 2 ^D 2	/ Y	Ý 2 () 0 7	
NOTE: Submission of	false, erroneous, or inco	mplete information may	•		_				of 2 U.S.C	S437g].		
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